

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|---------------------------------------|--------------------------|----------------------|
| 1 Date of Request: <u>9-23-02</u> | | 2 Serial/Patent # <u>09/461,565</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| | Filing | | | \$ |
| | Amendment | | | \$ |
| <input checked="" type="checkbox"/> | Extension of Time | 10 | 9/5/02 | \$ 920 ⁰⁰ |
| | Notice of Appeal/Appeal | | | \$ |
| | Petition | | | \$ |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| | Other | | | \$ |
| | | | 7 TOTAL AMOUNT OF REFUND | \$ 920 ⁰⁰ |
| 8 TO BE REFUNDED BY: | | | | |
| 10 REASON: | | Treasury Check <u>cc</u> | | |
| | Overpayment | Credit Deposit A/C #: <u>234-8128</u> | | |
| | Duplicate Payment | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | |
| <u>Unnecessary</u> | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>WAW LAYMAN</u> | | TITLE: <u>Pat. Exam.</u> | | |
| SIGNATURE: <u>Waw Layman</u> | | PHONE: _____ | | |
| OFFICE: _____ | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>9/30/02</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B